Revision: HCFA-PM-92-7 (MB)

October 1992

APPENDIX D1 TO SUPPLEMENT 2 Page 1

State:

ASSESSMENT

a. The State will provide for a comprehensive functional assessment for a financially eligible individual who meets the targeting requirements set forth in items 3 and 4 of Supplement 2.

IDAHO

- b. This assessment will be provided at the request of the individual, or another person acting on the individual's behalf.
- c. The individual will not be charged a fee for this assessment.
- d. Attached to this Appendix is an explanation of the procedures by which the State will ensure the performance of the assessment.
- e. The assessment will be reviewed and revised not less often than (check one):

1.	<u> </u>	Every 12 months
2.		Every 6 months
3.		Other period not to exceed 12 months (Specify):

- f. Check one:
 - The State will use an assessment instrument specified by HCFA.
 - The State will use an assessment instrument of its own specification. A copy of this instrument is attached to this Appendix. The State certifies that this instrument will measure functional disability as specified in section 1929(b) and (c) of the Act. The State requests that HCFA approve the use of this instrument, and certifies that at such time as HCFA may publish a minimum data set (consistent with section 1929(c)(2) of the Act), the assessment instrument will be revised, as determined necessary by HCFA, to conform to the core elements, common definitions, and uniform guidelines which are contained in the minimum data set.
- g. In conducting the assessment (or the periodic review of the assessment), the interdisciplinary team must:
 - Identify in each such assessment or review each individual's functional disabilities; and
 - 2. Identify in each such assessment or review each individual's need for home and community care. This identification shall include:
 - A. Information about the individual's health status;
 - B. Information about the individual's home and community environment; and
 - C. Information about the individual's informal support system.

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State:	IDAHO	

ASSESSMENT (con't)

- 3. Determine whether the individual is, or continues to be, functionally disabled. This determination will be made on the basis of the assessment or review.
- h. The interdisciplinary team conducting the assessment shall furnish the results to the Medicaid agency and to the qualified community care case manager designated by the Medicaid agency (as specified in Appendix E) to establish, review and revise the individual's ICCP.
- i. The Medicaid agency will monitor the appropriateness and accuracy of the assessments and periodic reviews on an ongoing basis, and whenever it is informed by a qualified community care case manager that inaccuracies appear to exist in the assessment of an individual. All problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted.

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APPENDIX D2 TO SUPPLEMENT 2 Page 3

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		Stat	e:IDAHO	
			INTERDISCIPLINARY	TEAM
a.	by the S	tate. The ag	ill be performed by in ency will designate in a (check all that app	nterdisciplinary teams designated nterdisciplinary teams that meet ly):
	1		The interdisciplinar by the Medicaid agend	y teams will be employed directly cy.
	2		The interdisciplinar by other agencies of with the Medicaid ag	y teams will be employed directly State government, under contract ency.
	3		The interdisciplinar by agencies of local the Medicaid agency.	y teams will be employed directly government under contract with
	4		by nonpublic organiz and community care o do not have a direct interest in, or dire	y teams will be employed directly ations which do not provide home r nursing facility services and or indirect ownership or control ct or indirect affiliation or n entity that provides community lity services.
may				ed by other professionals, and g comprehensive functional
whic part subc	h is not of the o ontract w	part of the Montract, that with another e	Medicaid agency, the M the contracting agen	th an agency or organization edicaid agency will specify, as cy or organization may not ance of the assessments without cy.
b.	teams de	signated by t		rformed by interdisciplinary will designate interdisciplinary eck all that apply):
	1		The interdisciplinar by the Medicaid agen	y teams will be employed directly cy.
	2	*-ay. *-		y teams will be employed directly State government, under contract ency.
	3	· <u> </u>		y teams will be employed directly government under contract with
	4	·	by nonpublic organiz and community care o do not have a direct interest in, or dire	y teams will be employed directly ations which do not provide home or nursing facility services and or indirect ownership or control ct or indirect affiliation or n entity that provides community lity services.
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APPENDIX D2 TO SUPPLEMENT 2 Page 4

State:	IDAHO			

INTERDISCIPLINARY TEAM (con't)

Interdisciplinary teams may utilize data gathered by other professionals, and may consult with service providers in conducting periodic reviews of the individuals' comprehensive functional assessments.

When periodic reviews of assessments are provided under contract with an agency or organization which is not part of the Medicaid agency, the Medicaid agency

	odic reviews wit	subcontract with another entity for the performance of the hout the prior written approval of the Medicaid agency. Clinary teams conducting initial assessments shall consist,
	at a minimum, o	of (check all that apply, but at least 2):
	1.	Registered nurse, licensed to practice in the State
	2.	_ Licensed Practical or Vocational nurse, acting within the scope of practice under State law
	3.	<pre>Physician (M.D. or D.O.), licensed to practice in the State</pre>
	4.	Social Worker (qualifications attached to this Appendix)
	5.	Case manager
	6.	Other (specify):
	3.	Licensed Practical or Vocational nurse, acting within the scope of practice under State law Physician (M.D. or D.O.), licensed to practice in the State
	4.	Social Worker (qualifications attached to this Appendix)
		Case manager
	6.	Other (specify):
TN I Supe	ersedes P	Approval Date Effective Date

APPENDIX E1 TO SUPPLEMENT 2 Page 1

State:	IDAHO

INDIVIDUAL COMMUNITY CARE PLAN (ICCP)

- a. A written individual community care plan (ICCP) will be developed for each individual who has been determined, on the basis of a comprehensive functional assessment performed in accordance with Appendix D, to be a functionally disabled elderly individual, according to the criteria set forth in Appendices A and B.
- b. The ICCP will be established, and periodically reviewed and revised, by a Qualified Community Care Case Manager after a face to face interview with the individual or primary caregiver.
- c. The ICCP will be based on the most recent comprehensive functional assessment of the individual conducted according to Appendix D.
- d. The ICCP will specify, within the amount, duration and scope of service limitations set forth in Appendix C, the home and community care to be provided to such individual under the plan.
- e. The ICCP will indicate the individual's preferences for the types and providers of services.
- f. The ICCP will specify home and community care and other services required by such individual. (Check one):
 1. _______ Yes 2. ______ No
- g. The ICCP will designate the specific providers (who meet the qualifications specified in Appendix C-2) which will provide the home and community care. (Check one):
 - 1. _____ Yes 2. ____ No
- h. Neither the ICCP, nor the State, shall restrict the specific persons or individuals (who meet the requirements of Appendix C-2) who will provide the home and community care specified in the ICCP.

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APPENDIX E2 TO SUPPLEMENT 2 Page 2

		State: IDAHO
		QUALIFIED COMMUNITY CARE CASE MANAGERS
a.	A "Quali	alified Community Care Case Manager" will meet each of the following fications for the provision of community care case management.
	1.	Be a nonprofit or public agency or organization;
	2.	Have experience or have been trained in:
		A. Establishing and periodically reviewing and revising ICCPs; and
		B. The provision of case management services to the elderly.
		The minimum standards of experience and training which will be employed by the State are attached to this Appendix;
	3.	Have procedures for assuring the quality of case management services. These procedures will include a peer review process.
	4.	The State will assure that community care case managers are competent to perform case management functions, by requiring the following educational or professional qualifications be met. (Check all that apply):
		A Registered nurse, licensed to practice in the State
		B Physician (M.D. or D.O.), licensed to practice in the State
		C Social Worker (qualifications attached to this Appendix)
		DOther (specify):
b.	agenc direc affil commu	community care case management is provided by a nonprofit, nonpublic by, the agency providing the community case management will not have a set or indirect ownership or control interest in, or direct or indirect interest in an entity that provides home and unity care or nursing facility services and will not furnish home and unity care or nursing facility services itself. (Check one):
	1.	Yes
	2.	Not applicable. The State will not use nonprofit, nonpublic agencies to provide community care case management.
c.	commu at ri	state will employ procedures to assure that individuals whose home and inity care is managed by qualified community care case managers are not sk of financial exploitation due to such managers. An explanation of procedures is attached to this Appendix.
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APPENDIX E2 TO SUPPLEMENT 2 Page 3

	State: IDAHO
	QUALIFIED COMMUNITY CARE CASE MANAGERS (con't)
d.	The State requests that the requirements of item E-2-b be waived in the case of a nonprofit agency located in a rural area. The State's definition of "rural area" is attached to this Appendix. (Check one):
	1. Yes 2. No
	Not applicable. The State will not use nonprofit, nonpublic agencies to provide community care case management.

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		COMMUNITY CARE CASE MANAGEMENT FUNCTION	ONS
a.	A qua	alified community care case manager is responsibl	e for:
	1.	Assuring that home and community care covered u and specified in the ICCP is being provided;	nder the State plan
	2.	Visiting each individual's home or community ca is being provided not less often than once ever	
	3.	Informing the elderly individual or primary car the case manager if service providers fail to p services or other similar problems occur. This provided verbally and in writing.	roperly provide
	4.	Completes the ICCP in a timely manner; and	
	5.	Reviews and discusses new and revised ICCPs wit or primary caregivers.	h elderly individuals
b.	an in appearing these performance managements	ever a qualified community care case manager has addividual's assessment or periodic review (conductors to contain inaccuracies, the community care case apparent discrepancies to the attention of the ormed the assessment or review. If the assessors case manager are unable to resolve the apparent ger shall report the situation to the component on is responsible for monitoring the program.	ted under Appendix D) ase manager will bring agency which has and the community conflict, the case
	1	Yes 2No	
c.	indiv servi case the c care manne This	ever a qualified community care case manager is invidual or primary caregiver that provider(s) have ides, or that other similar problems have occurred manager shall take whatever steps are necessary complaint. If a problem is confirmed by this mon case manager shall address the problem in an appear, consistent with the nature and severity of an emay include reporting the situation to the composity which is responsible for monitoring the program	failed to provide d, the community care to verify or disprove itoring, the community ropriate and timely y deficiencies noted. nent of the Medicaid
	1	Yes 2No	
d.	of se indiv curre whate probl shall	ever a qualified community care case manager is is ervice (whether paid or unpaid) that there has be ridual's condition, or that a problem may have arently being addressed, the community care case may ever steps are necessary to verify or disprove the community care case may be a confirmed by this monitoring, the community address it in an appropriate and timely manner, see and severity of the situation.	en a change in the isen which is not nager shall take e information. If a y care case manager
	1	Yes 2. No	
	sedes	<u> </u>	e Date

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		State:	IDAHO		
		COMMUNITY	CARE CASE M	ANAGEMENT FUNCTION	S (con't)
e.	individual or	agency pro of service	viding home es, and at s	such intervals as a	services prior to
	1	Yes 2.	·	No	
f.	State licensur manager shall	e or certiverify the services	ification req e qualificati , and as nece	quirements, the com lons of the individ essary, provide or	ual or entity
	1	Yes 2		No	
	3. or certificati	Not applion.on require	cable. All sements.	services are govern	ed by State licensure
g.	an ICCP is est	ablished o	of the person		individual for whom hearing should the

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APPENDIX F1 TO SUPPLEMENT 2 Page 1

State:	IDAHO				

RIGHTS SPECIFIED IN THE STATUTE

The State assures that home and community care provided under the State plan will meet the following requirements:

- a. Individuals providing care are competent to provide such care. The State will maintain documentation to show that each provider of care meets or exceeds the applicable minimum qualifications specified in Appendix C-2.
- b. Individuals receiving home and community care shall be assured the following rights:
 - The right to be fully informed in advance, orally and in writing, of the following:
 - a. the care to be provided,
 - b. any changes in the care to be provided; and
 - c. except with respect to an individual determined incompetent, the right to participate in planning care or changes in care.
 - The right to voice grievances with respect to services that are (or fail to be) furnished without discrimination or reprisal for voicing grievances, and to be told how to complain to State and local authorities. A description of the procedures which the State will utilize to ensure this right is attached to this Appendix.
 - 3. The right to confidentiality of personal and clinical records.
 - 4. The right to privacy and to have one's property treated with respect.
 - 5. The right to refuse all or part of any care and to be informed of the likely consequences of such refusal.
 - 6. The right to education or training for oneself and for members of one's family or household on the management of care.
 - 7. The right to be free from physical or mental abuse, corporal punishment, and any physical or chemical restraints imposed for purposes of discipline or convenience and not included in the individual's ICCP.
 - 8. The right to be fully informed orally and in writing of the individual's rights.

			 			
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